



LONG-TERM CARE PERSONAL ASSESSMENT FORM

CONFIDENTIAL

Name:	Date:
Address:	Birthdate:
Phone:	Current Age:

CURRENT LIVING CIRCUMSTANCES:

To determine whether you might need LTC insurance or whether you might be able to receive care (if needed) some other way, consider your living situation and lifestyle preferences and those of your family.

Type of home: (private, apartment, retirement community, etc.)

Living arrangement: (alone, with spouse, adult children, other relatives, friend, etc.)

What is your attitude about your adult children or others providing financial support to you?

What is your attitude about living with your adult children or others?

What is the availability of your adult children or others to provide care for you?

Who else might care for you if you are disabled?

HEALTH FACTORS:

To determine your likelihood of needing care, consider your own past and present health history and that of your family:

Do you currently have, or have you had, any of the following health conditions?

_____ Heart Disease

_____ Stroke

_____ Cancer

_____ Diabetes

_____ Liver Disease

_____ Arthritis

_____ Senile Dementia

Did/do your parents or siblings have any of the above? _____

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How are your current health conditions controlled? (List therapies, treatments, prescription drugs)

Do you have any of the following known risk factors for debilitating disease?

- ☐ Obesity
☐ Sedentary Lifestyle
☐ Smoking
☐ Drinking more than two drinks per day
☐ High blood pressure
☐ High blood cholesterol and/or triglycerides (blood fats)
☐ High-fat diet

To what ages were/are your parents mobile and healthy?
_____ and _____

FINANCIAL CIRCUMSTANCES:

Nursing home and home care costs vary widely, but can average \$4,000-\$5,000 a month in Washington state. Taking into account the limited Medicare coverage of nursing home care, consider these potential costs relative to your financial status.

What is your attitude about leaving your estate to your heirs (or other institutions)?

What is your attitude about leaving your estate to the state? _____

Are you comfortable with the state or others making decisions regarding your health care?
If so, who? _____

Medicaid may be an option for low-income persons with limited assets.
What is your attitude toward receiving Medicaid? _____

Who or what would you be trying to protect by buying a long-term care policy?
(If the answer is nobody/nothing, you probably don't need it.) _____

Could you pay for care out of your own pocket?
If yes, what financial resources are available to generate the income that will pay this expense?
(Complete worksheet below. It is important to be realistic.)

Is long-term care insurance an option? Yes _____ No _____ Maybe _____
(You may wish to contact an insurance agent to determine your eligibility and cost for an insurance policy.)

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Costs

Current or anticipated cost of care? (Avg. N/H \$4,000 per month) \$ _____
How much can you apply per month out of your income to cost of care? \$ _____
Balance to be paid by insurance or other asset? \$ _____

Available Income

1) Guaranteed monthly income: (pension, IRA, etc.) \$ _____
2) Annual cost-of living increases, if any \$ _____
3) Other monthly income from investments, contracts, etc. (use low estimate) \$ _____
4) Total monthly income \$ _____

Resources

5) Value or equity of home you live in \$ _____
6) Value of other assets: (investments, personal property, other real estate, etc.) \$ _____

Monthly Expenses

7) List existing health insurance: (Medicare supplement, retirement health plan, long-term care, etc.)

8) Current monthly cost of health insurance \$ _____
9) Monthly living expenses at home (food, utility, taxes, etc.) \$ _____
10) Any other monthly expenses? \$ _____

11) **Total monthly expenses** \$ _____
12) Discretionary Income (Line 4 minus Line 10) \$ _____

13) What amount is available out of current income to pay long-term care insurance premium?
Direct pay for cost of care? _____

Will paying a long-term care insurance premium affect your current lifestyle?

MEDICAID AND OTHER ASSISTANCE:

To determine if you would qualify, it is necessary to know:

Is your monthly income over \$1,500? _____ \$3,800? _____

Are your assets over \$2,000? _____

Do you own your home? _____

More than one home? _____

INSURANCE:

If you were to purchase insurance, which of the following benefits do you think you would want or need?

(Choose from the typical LTC insurance policy benefits on the next page.)

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Coverage: (check one)

- ☐ Nursing home only
☐ Home or alternative care only
☐ Combined nursing home and home/alternative care

Elimination period:

How many days would it be reasonable for you to pay for your own care before the insurance company would begin paying? (check one)

- ☐ 0 (Insurance must start paying on first day)
☐ 30 Days (Insurance must start paying on 31st day)
☐ ? Days

(The longer you are willing to wait before the insurance company starts to pay, the lower the premium will be, in most cases. Remember, a typical 90-day nursing home stay may cost \$4,000-\$5,000 per month.)

Level of benefits: What level of benefits do you think would best fit your needs?

- ☐ A fixed percentage of the daily cost, up to a maximum per day
☐ A fixed dollar amount per day
☐ A maximum number of days (usually expressed in years)
☐ Lifetime benefits

For more information, consult SHIBA HelpLine at
1-800-397-4422

Visit our web page at www.insurance.wa.gov

